



Luther League Permission Form
August 2015-July 2016

Participant's Full Name: _____ Prefers: _____

Current grade: _____ Name of School Student Attends: _____

Birth Date: _____ T-Shirt Size: _____

Baptismal Date: _____ Church Baptized: _____

Mailing Address: _____

Student's Cell #: _____

Parent's E-Mail: _____

Student E-Mail: _____

Mother's Name: _____

Home #: _____ Cell #: _____

Father's Name: _____

Home #: _____ Cell #: _____

Other Caregiver: _____

Home #: _____ Cell #: _____

In case of an emergency, we must be able to reach a parent or guardian in person or by phone at all times during the on-site programming.

In case of an emergency, contact this person if parents cannot be reached:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Please list all person(s), including parents, who are permitted to pick up student:

Name: _____ Relationship to Student: _____

Driver's License #: _____

Name: _____ Relationship to Student: _____

Driver's License #: _____

Name: _____ Relationship to Student: _____

Driver's License #: _____

Program Information: Please check all that apply

- Luther League Confirmation Sr. High Ministry Middle School Ministry



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Doctor's Name and Telephone: _____

Insurance Co: _____ Phone #: _____

Policy #: _____ Name of Insured: _____

In case of an emergency, contact this person if parents cannot be reached:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

Medical Information

Does your child have any allergies or other medical conditions of which we should be aware?

- Yes No (If yes, please explain below)

Does your child (or do you) have any diagnoses or history of behavioral or learning concerns about which we should be informed? Yes No (If yes, please explain below)



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Participant's Covenant

In registering for this event, I realize that I may be participating in events which purposes may include: Christian learning, service and fun. I will refrain from using alcohol, tobacco or illegal drugs - no smoking allowed for people under age 18. I will not bring anything that could be considered dangerous (fireworks, knives, lighter, etc.). I will participate fully in the life of the event; honor the time commitments, and respect property, and the rights of my peers and adult leaders. I understand that failure to abide by this covenant will result in consequences; one of which includes being sent home immediately at my own expense.

Participant Signature

Date

Authorization for Participation of Minors (Under 18) I give permission for my child to participate in sponsored by Christ the King Church including travel to and from locations, for the period of _____. I understand that my child's failure to abide by the covenant may result in his or her being sent home at my own expense. I understand that adult violators will be asked to leave.

Medical and Liability Release of a Minor or Self I, the individual or parent/guardian of _____ (child's name or your name), authorize a representative of *Christ the King Lutheran Church* to take such action as deemed necessary for the care, welfare and health of, myself/my child including the giving and consent of medical treatment I understand that I am responsible for any charges that may be incurred.

Media Release: I the individual or parent guardian of _____ give permission to use, publish, or disclose newsletters, websites, any photographs, videos, audios, and any other material which I or my child may have appeared, spoken, written, or otherwise been represented.

Participant or Parent/Legal Guardian (if participant is under 18)

Date

Signature of Witness (an adult not related to the above signer)

Date